| 1. | Last Name  | ast Name First Name    |     |  |
|----|--|------------------------|-----|--|
| 2. | Patient Number   |                        | - H |  |
| 3. | Date of Birth  | Month Day Year         |     |  |
| 4. | Race: 1 = White 2 = Black 3 = Am. Ind. / Alaskan Native 4 = Asian / Pacific Islander |                        |     |  |
|    | Ethnicity: Hispanic  | Origin? 1 = Yes 2 = No |     |  |
| 5. | 1 = Male   | 2 = Female             |     |  |
| 6. | County of Residence  | ce                     |     |  |

## Care Coordination Narrative Sheet

| PROB. | DATE | TYPE<br>OF<br>CONTACT | COMMENTS |
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